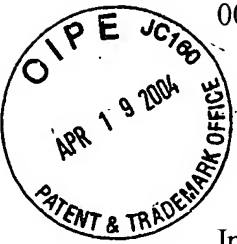


2882

Image

00862.022478.

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Kiknadze, Irakli
TSUKASA SAKO)
: Group Art Unit: 2882
Application No.: 10/026,976)
:
Filed: December 27, 2001)
:
For: RADIOGRAPHIC APPARATUS)
AND METHOD, AND :
CONTROL APPARATUS AND)
METHOD UPON :
RADIOGRAPHY) April 14, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

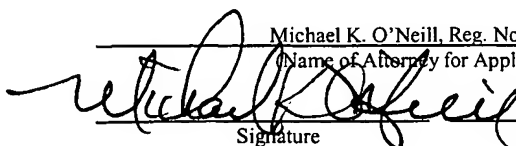
Sir:

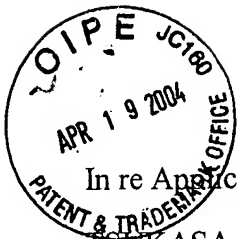
In response to the Office Action dated January 14, 2004, please amend the
above-identified application, as follows:

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

April 14, 2004
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)


Signature April 14, 2004
(Date of Signature)



In re Application of:

TSUKASA SAKO

Application No.: 10/026,976

Filed: December 27, 2001

For: RADIOGRAPHIC APPARATUS AND
METHOD, AND CONTROL APPARATUS
AND METHOD UPON RADIOGRAPHY

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 38	MINUS	** 42	= 4	x \$9 \$18	\$.00
INDEP. CLAIMS	* 6	MINUS	*** 9	= 0	x \$43 \$86	.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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